

Dublin City School District

Program 2430 F1 Revised 1/15/15 Page 1 of 2

Waiver/Appeal Form for Academic Eligibility in Athletics and Extracurricular Activities

This is a request for:	Waiver		Appeal	
 If this is a request for If this is a request for Be sure to complete b Once a decision has b status of the student's 	an appeal, submoth page 1 and een made, a co	nit for review by page 2 of this f	by the Superintende Form	
Student name:				
Age:	Grade:		Phone number:	
Home address:				
Parent/Guardian:				
Sport/Activity:			Coach/Advisor	:
Number of waivers:	□ 1st	\square 2nd	\square 3rd	additional:
Parent signature:			Student signatu	re:
Finding of the Eligibil	ity Board			
The Eligibility Board n to waive academic eligi			and	\square granted / \square denied the request
Comments:				
Eligibility Board Memb	per signature:			
Title:			Date:	

Any student appeal of the Eligibility Board's decision must be made within five days of the receipt of the Board's decision. Such appeals will be filed at the Central Administration Office and acted upon by the Superintendent or his/her designee.

	Program
Student's name:	2430 F
	Revised 1/15/1:
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No Academic Eligibility Waivers will be considered without a <u>thorough student response</u> to the following.

In the space below, please write a detailed explanation about what you plan to do to correct your current academic situation. Be sure to include what is causing your current academic situation and the specific modification(s) you will follow to correct the problem.
Eligibility board members consider the following when contemplating the waiver.
Check if acceptable:
☐ Did the student address their current problem thoroughly?
☐ Did the student give an accurate and detailed plan with specific modifications to correct the current problem?
☐ Did the student demonstrate a genuine desire to correct the problem?
\square Is the above plan thorough and comprehensive enough to actually make a difference?